

# Additional MSGP Documentation Template

## Introduction

After you become permitted under the 2008 MSGP, you are required to keep certain minimum records (or documentation) as part of the implementation of your permit responsibilities. As required in Part 5.4 of the 2008 MSGP, these records must be kept in the same place your SWPPP (which you completed prior to submitting your NOI to be covered) is kept. This “Additional MSGP Documentation Template” (or “Template”) will assist you in complying with this requirement.

### *Using the Additional MSGP Documentation Template*

Tips for using the Template:

- This Template is designed for use by all facilities permitted under the 2008 MSGP. The Template is NOT tailored to your individual industrial sector. Depending on which industrial sector(s) you fall under (see Appendix D of the 2008 MSGP) and where your facility is located (see Appendix C of the 2008 MSGP), you will need to address any additional documentation requirements outlined in Part 8 and/or Part 9 of the permit, respectively.
- Each section of the template includes “instructions” and space for your facility’s specific information. You should read the instructions before you complete each section. The text you will need to complete is generally indicated through the use of blue form fields (e.g., “[Insert Facility Name](#)”). Click on the form field and your text will replace the instructional text.
- The Template was developed in *Microsoft Word* so that you can easily add tables and additional text.
- Because many of the activities you are required to document occur throughout the permit term, you will need to continually modify and add records to this Template. You may wish to create separate electronic files for each category of documentation (e.g., files for monitoring, employee training, etc.) so that they can be easily modified.
- The records you create using this Template must be kept in the same location as your SWPPP.

EPA notes that while EPA has made every effort to ensure the accuracy of all instructions and guidance contained in the Template, the actual obligations of regulated industrial facilities are determined by the relevant provisions of the permit, not by the Template. In the event of a conflict between the Template and any corresponding provision of the MSGP, the permit provisions establish your actual requirements. EPA welcomes comments on the Template at any time and will consider those comments in any future revision of this document.

## Additional MSGP Documentation

For:

Assabet Sand & Gravel, Company, Inc.

16 Knox Trail

Acton, MA 01720

Insert Facility Telephone Number (if applicable)

Insert Facility Permit Tracking Number

### Instructions:

- Keep the following inspection, monitoring, and certification records in the same location that you keep your SWPPP:
  - A copy of the NOI submitted to EPA along with any correspondence exchanged between you and EPA specific to coverage under this permit (you should already have this);
  - A copy of the acknowledgment letter you received from the NOI Processing Center or eNOI system assigning your permit tracking number (you should already have this);
  - A copy of 2008 MSGP (you can provide an electronic copy);
  - Descriptions and dates of any incidences of significant spills, leaks, or other releases;
  - Records of employee training;
  - Documentation of maintenance and repairs of control measures;
  - All inspection reports;
  - Description of any deviations from the schedule for visual assessments and/or monitoring;
  - Description of any corrective action taken at your site;
  - Documentation of any benchmark exceedances and how they were responded to;
  - Documentation to support any determination that pollutants of concern are not expected to be present above natural background levels, and that such pollutants were not detected in your discharge or were solely attributable to natural background sources; and
  - Documentation to support your claim that your facility has changed its status from active to inactive and unstaffed.
- With the exception of the first 3 items, these are records that you will be updating throughout the permit term.
- Follow the instructions in Sections A through M of this template to keep your records complete.

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## Contents

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A. Significant spills, leaks or other releases .....	1
B. Employee training .....	2
C. Maintenance.....	3
D. Routine Facility Inspection Reports.....	5
E. Quarterly Visual Assessment Reports .....	10
F. Comprehensive Site Inspection Reports .....	12
G. Monitoring results .....	13
H. Deviations from assessment or monitoring schedule .....	14
I. Benchmark Exceedances.....	15
J. Impaired Waters Monitoring: Documentation of Natural Background Sources or Non-Presence of Impairment Pollutant.....	16
K. Active/Inactive status change .....	17
L. SWPPP Amendment Log .....	18
M. Miscellaneous Documentation .....	19

## A. Significant spills, leaks or other releases

### Instructions:

- Include the descriptions and dates of any incidences of significant spills, leaks, or other releases that resulted in discharges of pollutants to waters of the U.S., through stormwater or otherwise; the circumstances leading to the release and actions taken in response to the release; and measures taken to prevent the recurrence of such releases (see Part 2.1.2.4 of the 2008 MSGP).
- Provide information, as shown below, for each incident, and attach additional documentation (e.g., photos, spill cleanup records) as necessary. Repeat as necessary by copying and pasting the fields below.

Date of incident: [Insert Date of Incident](#)

Location of incident: [Insert Location of Incident](#)

Description of incident: [Insert Description of Incident](#)

Circumstances leading to release: [Describe circumstances leading to release](#)

Actions taken in response to release: [Describe actions taken in response to release](#)

Measures taken to prevent recurrence: [Describe measures taken to prevent recurrence](#)

Date of incident: [Insert Date of Incident](#)

Location of incident: [Insert Location of Incident](#)

Description of incident: [Insert Description of Incident](#)

Circumstances leading to release: [Describe circumstances leading to release](#)

Actions taken in response to release: [Describe actions taken in response to release](#)

Measures taken to prevent recurrence: [Describe measures taken to prevent recurrence](#)

Date of incident: [Insert Date of Incident](#)

Location of incident: [Insert Location of Incident](#)

Description of incident: [Insert Description of Incident](#)

Circumstances leading to release: [Describe circumstances leading to release](#)

Actions taken in response to release: [Describe actions taken in response to release](#)

Measures taken to prevent recurrence: [Describe measures taken to prevent recurrence](#)

Date of incident: [Insert Date of Incident](#)

Location of incident: [Insert Location of Incident](#)

Description of incident: [Insert Description of Incident](#)

Circumstances leading to release: [Describe circumstances leading to release](#)

Actions taken in response to release: [Describe actions taken in response to release](#)

Measures taken to prevent recurrence: [Describe measures taken to prevent recurrence](#)

## B. Employee training

**Instructions:**

- Keep records of employee training, including the date of the training (see Part 2.1.2.9 of the 2008 MSGP).
- For in-person training, consider using the tables below to document your employee trainings. For computer-based or other types of training, keep similar records on who was trained and the type of training conducted.

Training Date: <a href="#">Insert Date of Training</a>	
Training Description: <a href="#">Insert Description of Training</a>	
Trainer: <a href="#">Insert Trainer(s) names</a>	
Employee(s) trained	Employee signature
<a href="#">Insert Name</a>	
<a href="#">Insert Name</a>	
<a href="#">Insert Name</a>	
<a href="#">Insert Name</a>	
<a href="#">Insert Name</a>	
<a href="#">Insert Name</a>	

Training Date: <a href="#">Insert Date of Training</a>	
Training Description: <a href="#">Insert Description of Training</a>	
Trainer: <a href="#">Insert Trainer(s) names</a>	
Employee(s) trained	Employee signature
<a href="#">Insert Name</a>	
<a href="#">Insert Name</a>	
<a href="#">Insert Name</a>	
<a href="#">Insert Name</a>	
<a href="#">Insert Name</a>	
<a href="#">Insert Name</a>	

Training Date: <a href="#">Insert Date of Training</a>	
Training Description: <a href="#">Insert Description of Training</a>	
Trainer: <a href="#">Insert Trainer(s) names</a>	
Employee(s) trained	Employee signature
<a href="#">Insert Name</a>	
<a href="#">Insert Name</a>	
<a href="#">Insert Name</a>	
<a href="#">Insert Name</a>	
<a href="#">Insert Name</a>	
<a href="#">Insert Name</a>	

## C. Maintenance

### Instructions:

- Include in your records documentation of maintenance and repairs of control measures and industrial equipment, including:
  - the control measure/equipment maintained,
  - date(s) of regular maintenance,
  - date(s) of discovery of areas in need of repair/replacement, and for repairs,
  - date(s) that the control measure/equipment was returned to full function, and
  - the justification for any extended maintenance/repair schedules (see Part 2.1.2.3 of the 2008 MSGP).
- Provide information, as shown below, to document your maintenance activities for each control measure and industrial equipment. Repeat as necessary by copying and pasting the information below for additional control measures.

### Control Measure Maintenance Records (copy information below for each control measure)

Control Measure: [Insert Name of Control Measure](#)

Regular Maintenance Activities: [Describe maintenance activities](#)

Regular Maintenance Schedule: [Insert Maintenance Schedule](#)

Date of Action: [Insert Date of Action](#)

Reason for Action: ☐ Regular Maintenance ☐ Discovery of Problem

If Problem,

- Description of Action Required: [Describe actions taken in response to problem](#)
- Date Control Measure Returned to Full Function: [Insert Date](#)
- Justification for Extended Schedule, if applicable: [Insert Justification \(if applicable\)](#)

Notes: [Insert Notes \(if applicable\)](#)

Industrial Equipment and Systems Maintenance Records (copy information below for each industrial equipment/system)

Industrial Equipment/Systems: [Insert Name of Industrial Equipment/System](#)

Regular Maintenance Activities: [Describe maintenance activities](#)

Regular Maintenance Schedule: [Insert Maintenance Schedule](#)

Date of Action: [Insert Date of Action](#)

Reason for Action:    ☐ Regular Maintenance            ☐ Discovery of Problem  
If Problem,

- Description of Action Required: [Describe actions taken in response to problem](#)
- Date Industrial Equipment Returned to Full Function: [Insert Date](#)
- Justification for Extended Schedule, if applicable: [Insert Justification \(if applicable\)](#)

Notes: [Insert Notes \(if applicable\)](#)

## D. Routine Facility Inspection Reports

### Instructions:

- Include in your records copies of all routine facility inspection reports completed for the facility.
- The sample inspection report is consistent with the requirements in Parts 4.1 of the 2008 MSGP relating to routine facility inspections. Facilities subject to State industrial stormwater permits may also find this form useful. If your permitting authority provides you with an inspection report, use that form.

### Using the Sample Routine Facility Inspection Report

- This inspection report is designed to be customized according to the specific control measures and activities at your facility. For ease of use, you should take a copy of your site plan and number all of the stormwater control measures and areas of industrial activity that will be inspected. A brief description of the control measures and areas that were inspected should then be listed in the site-specific section of the inspection report.
- You can complete the items in the “General Information” section that will remain constant, such as the facility name, NPDES tracking number, and inspector (if you only use one inspector). Print out multiple copies of this customized inspection report to use during your inspections.
- When conducting the inspection, walk the site by following your site map and numbered control measures/areas of industrial activity to be inspected. Also note whether the “Areas of Industrial Materials or Activities exposed to stormwater” have been addressed (customize this list according to the conditions at your facility). Note any required corrective actions and the date and responsible person for the correction.



## Stormwater Industrial Routine Facility Inspection Report

General Information			
<b>Facility Name</b>	Insert Name		
<b>NPDES Tracking No.</b>	Insert Tracking No.		
<b>Date of Inspection</b>	Insert Date	<b>Start/End Time</b>	Insert Start/End Time
<b>Inspector's Name(s)</b>	Insert Name		
<b>Inspector's Title(s)</b>	Insert Title		
<b>Inspector's Contact Information</b>	Insert Contact Info		
<b>Inspector's Qualifications</b>	Insert qualifications or add reference to the SWPPP		
Weather Information			
<b>Weather at time of this inspection?</b> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____ Temperature: _____			
<b>Have any previously unidentified discharges of pollutants occurred since the last inspection?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: Describe			
<b>Are there any discharges occurring at the time of inspection?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: Describe			

### Control Measures

- Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Insert Control Measure Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Describe Corrective Actions
2	Insert Control Measure Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Describe Corrective Actions
3	Insert Control Measure Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Describe Corrective Actions
4	Insert Control Measure Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Describe Corrective Actions
5	Insert Control Measure Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Describe Corrective Actions
6	Insert Control Measure Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Describe Corrective Actions
7	Insert Control Measure Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Describe Corrective Actions
8	Insert Control Measure Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Describe Corrective Actions

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
9	Insert Control Measure Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Describe Corrective Actions
10	Insert Control Measure Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Describe Corrective Actions

**Areas of Industrial Materials or Activities exposed to stormwater**

Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Corrective Actions
2	Equipment operations and maintenance areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Corrective Actions
3	Fueling areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Corrective Actions
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Corrective Actions
5	Waste handling and disposal areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Corrective Actions
6	Erodible areas/construction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Corrective Actions
7	Non-stormwater/ illicit connections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Corrective Actions
8	Salt storage piles or pile containing salt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Corrective Actions
9	Dust generation and vehicle tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Corrective Actions
10	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Corrective Actions
11	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Corrective Actions
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Corrective Actions

**Non-Compliance**

Describe any incidents of non-compliance observed and not described above:

[Describe Non-compliance](#)

#### **Additional Control Measures**

Describe any additional control measures needed to comply with the permit requirements:

[Describe Additional Controls Needed](#)

#### **Notes**

Use this space for any additional notes or observations from the inspection:

[Additional Notes](#)

#### **CERTIFICATION STATEMENT**

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

**Print name and title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## E. Quarterly Visual Assessment Reports

**Instructions:**

- Include in your records copies of all quarterly visual assessment reports completed for the facility. An example quarterly visual assessment report can be found on the following page.

## MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Name of Facility: [Name of Facility](#)

NPDES Tracking No. [Insert Tracking No.](#)

Outfall Name: [Name](#)

"Substantially Identical Outfall"? ☐ No ☐ Yes ([identify substantially identical outfalls](#)):

Person(s)/Title(s) collecting sample: [Name/Title](#)

Person(s)/Title(s) examining sample: [Name/Title](#)

Date & Time Discharge Began:

[Enter date and time](#)

Date & Time Sample Collected:

[Enter date and time](#)

Date & Time Sample Examined:

[Enter date and time](#)

Substitute Sample? ☐ No ☐ Yes ([identify quarter/year when sample was originally scheduled to be collected](#)):

Nature of Discharge: ☐ Rainfall ☐ Snowmelt

If rainfall: Rainfall Amount: [No of inches](#) inches

Previous Storm Ended > 72 hours ☐ Yes ☐ No\* ([explain](#)):  
Before Start of This Storm?

### Parameter

Color ☐ None ☐ Other ([describe](#)):

Odor ☐ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas \_\_\_\_\_  
☐ Solvents ☐ Other ([describe](#)):

Clarity ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other

Floating Solids ☐ No ☐ Yes ([describe](#)):

Settled Solids\*\* ☐ No ☐ Yes ([describe](#)):

Suspended Solids ☐ No ☐ Yes ([describe](#)):

Foam (gently shake sample) ☐ No ☐ Yes ([describe](#)):

Oil Sheen ☐ None ☐ Flecks ☐ Globbs ☐ Sheen ☐ Slick  
☐ Other ([describe](#)):

Other Obvious Indicators ☐ No ☐ Yes ([describe](#)):  
of Stormwater Pollution

\* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

\*\* Observe for settled solids after allowing the sample to sit for approximately one-half hour.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). [Insert details](#)

### Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name:

B. Title:

C. Signature:

D. Date Signed:

## F. Comprehensive Site Inspection Reports

**Instructions:**

- Include in your records copies of all comprehensive site inspection reports completed for the facility. Copies of the comprehensive site inspection report form (also called the Annual Reporting Form) can be obtained at [http://www.epa.gov/npdes/pubs/msgp2008\\_appendixi.pdf](http://www.epa.gov/npdes/pubs/msgp2008_appendixi.pdf)
- For corrective actions, complete part D (Corrective Actions) of the Annual Reporting Form.

## G. Monitoring results

**Instructions:**

- Include in your records copies of all monitoring results (including benchmarks, effluent limits, and other monitoring conducted) for the facility. Also include copies of MSGP Industrial Discharge Monitoring Reports (DMRs) submitted to EPA, or copies of monitoring data submitted to EPA's eNOI reporting system.

## H. Deviations from assessment or monitoring schedule

**Instructions:**

Include in your records:

- A description of any deviations from the schedule you provided in your SWPPP for visual assessments and/or monitoring, and
- The reason for the deviations (e.g., adverse weather or it was impracticable to collect samples within the first 30 minutes of a measurable storm event) (see Parts 4.2.1, 6.1.4, and 6.2.1.2 of the 2008 MSGP).

Use the fields below to document the deviations. Repeat as necessary for any deviations.

Date: [Insert Date](#)

☐ Visual assessments ☐ Monitoring

Describe deviation from schedule: [Describe deviation](#)

Reason for deviation: [Describe reason](#)

Date: [Insert Date](#)

☐ Visual assessments ☐ Monitoring

Describe deviation from schedule: [Describe deviation](#)

Reason for deviation: [Describe reason](#)

Date: [Insert Date](#)

☐ Visual assessments ☐ Monitoring

Describe deviation from schedule: [Describe deviation](#)

Reason for deviation: [Describe reason](#)

Date: [Insert Date](#)

☐ Visual assessments ☐ Monitoring

Describe deviation from schedule: [Describe deviation](#)

Reason for deviation: [Describe reason](#)



## I. Benchmark Exceedances

**Instructions:**

Include in your records documentation of any benchmark exceedances and how they were responded to, including either:

- (1) corrective action taken,
- (2) a finding that the exceedence was due to natural background pollutant levels, or
- (3) a finding that no further pollutant reductions were technologically available and economically practicable and achievable in light of best industry practice consistent with Part 6.2.1.2 of the 2008 MSGP.

Date: [Insert Date](#)

Parameter Exceeded and Results: [Insert Parameter Name](#)

Quarter 1 (Sample date: [Insert Sample Date](#)) Result: [Insert Sample Result](#)

Quarter 2 (Sample date: [Insert Sample Date](#)) Result: [Insert Sample Result](#)

Quarter 3 (Sample date: [Insert Sample Date](#)) Result: [Insert Sample Result](#)

Quarter 4 (Sample date: [Insert Sample Date](#)) Result: [Insert Sample Result](#)

Average Result: [Insert Value](#)

Benchmark Value: [Insert Benchmark Value from 2008 MSGP](#)

Document how benchmark exceedance(s) responded to:

☐ Corrective action taken

Parameter(s): [Insert Parameter](#)

Complete Part D (corrective actions) of the Annual Report Form (see section F of the Additional MSGP Documentation).

☐ Finding that the exceedence was due to natural background pollutant levels

Parameter(s): [Insert Parameter](#)

Attach the following documentation:

- An explanation of why you believe that the presence of the pollutant causing the impairment in your discharge is not related to the activities at your facility; and
- Data and/or studies that tie the presence of the pollutant causing the impairment in your discharge to natural background sources in the watershed.

☐ Finding that no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice consistent with Part 6.2.1.2.

Parameter(s): [Insert Parameter](#)

Attach documentation.

## J. Impaired Waters Monitoring: Documentation of Natural Background Sources or Non-Presence of Impairment Pollutant

### Instructions:

This section applies only if your facility:

- Discharges directly to an impaired water without an EPA approved or established total maximum daily load (TMDL), and either your impaired waters monitoring results shows that the pollutant(s) for which the water is impaired is
  1. Not present and not expected to be present in your discharge, or
  2. Present, but you have determined its presence is caused solely by natural background sources. See Part 6.2.4.2 of the 2008 MSGP.

If # 1 applies to your facility, include here documentation that the impairment pollutant(s) was not detected in your discharge sample.

If # 2 applies to your facility, include the following documentation here:

- An explanation of why you believe that the presence of the pollutant(s) causing the impairment in your discharge is not related to the activities at your facility; and
- Data and/or studies that tie the presence of the pollutant(s) causing the impairment in your discharge to natural background sources in the watershed.

Note: You are reminded that the permit requires you to include a notification that you have met either condition # 1 or # 2 (above) in your monitoring report that you submit to EPA.

Date: [Insert Date](#)

Check one of the boxes below and complete the additional documentation:

☐ #1 – Pollutant(s) for which the water is impaired is not present and not expected to be present in your discharge

Attach documentation that the impairment pollutant(s) was not detected in your discharge sample(s).

☐ #2 – Pollutant(s) for which the water is impaired is present, but you have determined its presence is caused solely by natural background sources.

Attach the following documentation:

- An explanation of why you believe that the presence of the pollutant(s) causing the impairment in your discharge is not related to the activities at your facility; and
- Data and/or studies that tie the presence of the pollutant(s) causing the impairment in your discharge to natural background sources in the watershed.

## K. Active/Inactive status change

**Instructions:**

If your facility changes its status from active to inactive and unstaffed (or from inactive/unstaffed to active), include documentation in this section to support your claim.

Date: [Insert Date of Change in Status](#)

New Facility Status: ☐ Inactive and Unstaffed ☐ Active

Reason for change in status: [Describe reason](#)

## L. SWPPP Amendment Log

**Instructions:**

Include in your records:

- A log of the date and description of any amendments to your SWPPP.

Fill in the appropriate columns of this table for each amendment to your SWPPP. Copy and paste additional rows into the table as necessary.

Amend. No.	Description of the Amendment	Date of Amendment	Amendment Prepared by [Name(s) and Title]
1	Insert description of amendment	Insert date	Insert name/title
2	Insert description of amendment	Insert date	Insert name/title
3	Insert description of amendment	Insert date	Insert name/title
4	Insert description of amendment	Insert date	Insert name/title
5	Insert description of amendment	Insert date	Insert name/title
6	Insert description of amendment	Insert date	Insert name/title
7	Insert description of amendment	Insert date	Insert name/title
8	Insert description of amendment	Insert date	Insert name/title
9	Insert description of amendment	Insert date	Insert name/title
10	Insert description of amendment	Insert date	Insert name/title
11	Insert description of amendment	Insert date	Insert name/title

## M. Miscellaneous Documentation

**Instructions:**

Use this section to keep records of any additional documentation that relates to your compliance with the permit.